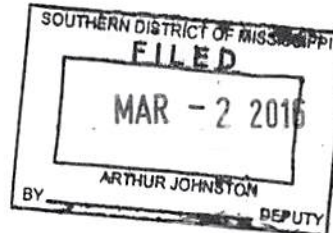


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
**IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

Walker K5384 COMPLAINT
 (Last Name) (Identification Number)
TYRONE JAMES
 (First Name) (Middle Name)
EMCF
 (Institution)
Meridian MS 39307
 (Address)
 (Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)



CIVIL ACTION NUMBER:

5:16cv17-DCB-MTP
 (to be completed by the Court)

v.
JAMES Burke ETC AL
M H M Services Co Offices
MTC WCCF
MTC EMCF
 (Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF**NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (☒) No (☐)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: Delta Correctional Facility, Tyrone Burk, Rick Banks
 - Court (if federal court, name the district; if state court, name the county): Northern District of Mississippi
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Failed to file ARP, Mook

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: TYRONE Walker Prisoner Number: K5384
 Address: East Mississippi Correctional Facility
Meridian, Ms 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: JAMES Burks is employed as
Medical Doctor at Wilkinson
County Correctional Facility

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: TYRONE Walker ADDRESS: E.M.C.F 5 Bravo Bed 109
Meridian MS 39307

DEFENDANT(S):

NAME: <u>JAMES Walker</u>	ADDRESS: <u>P.O. Box 1889 Woodville, MS 39669</u>
<u>B. Rodriguez</u>	<u>P.O. Box 1889 Woodville, MS 39669</u>
<u>Darryl Wiley</u>	<u>P.O. Box 1889 Woodville, MS 39669</u>
<u>Sergeant Jenkins</u>	<u>P.O. Box 1889 Woodville, MS 39669</u>
<u>Sergeant Jones</u>	<u>P.O. Box 1889 Woodville, MS 39669</u>
<u>Nurse Parker</u>	<u>P.O. Box 1889 Woodville, MS 39669</u>

Parties of complaint

① Warden Walker WCCF
 Warden of security PO box 1889
 Woodville, MS 39669

② B. Rodriguez WCCF
 Mayor - PO box 1889
 Chief of security Woodville, MS 39669

③ Patty Wiley WCCF
 Mental Health counselor PO box 1889
 Woodville MS 39669

TESTAL

④ M H M Services Corporate office
 Centurion of MS
 1593 Spring Hill Rd
 Suite 600
 Vienna Va 22182

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No ()

- B. Are you presently incarcerated for a parole or probation violation?

Yes (☒) No ()

- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No ()

- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (☒) No ()

- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (☒) No (), if so, state the results of the procedure:

I filed A ARP But I WAS
MOVED before I got the results

- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms):

3. State the date your claims were presented: _____

4. State the result of the procedure: _____

Statement of fact.

On February 25 2016 Dr. James Burk the M.D. at WCCF Beat my left leg with A IV pole in the process of doing so he broke it. This was going on while A Nurse Parker and Officer Jenkins held me down while I was in full restraint. Nurse Parker works for M.H.M. services Corporate. Officer Jenkins is A sergeant for M.T.C. they failed to stop this doctor from Injuring while I was down. I am suing M.T.C. because the refuse to give me medical Attention for 4 days while I suffered with A broken leg inside of A lockdown cell. M.H.M. service is Also being sued because They is contracted by M.T.C. which refused to give me medical Attention for 2 weeks Before they sent me to E.M.C.F. Warden Walker is being sued because He To Hospital staff at Mecklenburg County not to put A cast on my leg but just spent it. he is Also being sued because he is the warden of security and fail to train officer properly, doing A medical ~~issue~~ case, which I should been sent to the hospital that day Instead I was sent back to my cell without medical treatment

①

Statement 2

I ARRIVED AT EMCF from WCCF ON February 9 2016
I had been IN A lockdown cell ON A fire hazard
Zone were patient set fires All day. officer dont count
or do security check at all. I have filed out 4 to 6 sick
calls complaining about being IN unbid pain to all
of the officers to the Nurses unit manger Also to
mental health counslers. My leg is broken IN 2 places
and hurts real bad. The only medication I have recieved
is Tegretal which I get from the ~~the~~ psychiatric doctor
And I dont get because the nurses want do pill call.
This is why EMCF is being NAME IN this suit
That will be Amend upon cause

I declare under penalty of perjury that the
forgoing statement is true and correct

Jpore J Walker
RS384
EMCF

Relief

I am seeking A jury trial

Signed this 19th day of February 2016

Yvonne J Walker ~~15584~~

EMCF Meridian, MS 39307

I declare under penalty of perjury that the foregoing
is true and correct

19 February 19 2016

Yvonne J Walker

Signature of plaintiff